

complete ease; at other times a gnawing sensation continues in the original situation of the pain. It is remarkable, however, that a patient may have an interval of perfect ease between the fits, somewhat similar to the calm which occurs during the pains of labour. The occurrence of this cessation of intense suffering has been attributed to the passing of the stone into the duodenum; this, however, is by no means certain. The idea generally entertained upon this matter is, that each attack of pain corresponds with the passage of a stone. How far this notion may be true I cannot decide; but this I shall impress upon your attention, that the mere subsidence of pain is no proof of the removal of the disease, *unless bile is discharged by stool or by vomiting*; but when such a discharge coincides with the cessation of pain, you may be sure that the obstruction has been overcome for the time. I need not remark to you that the smaller the calculus is, the greater the facility with which it will be discharged. You will find in some cases, that the efforts which nature makes to remove one of these concretions are quite unavailing; it lies in the gall-bladder or duct, and there remains impacted. Here its presence sometimes excites inflammation, lymph is thrown out, and the duct becomes permanently closed; in other cases it has been found to make its way into the duodenum by ulcerative absorption, and is thus discharged.

The passage of the biliary calculus does not of itself necessarily imply the occurrence of jaundice; if it passes without difficulty there is none; if it happens to become impacted, then jaundice is sure to follow. It is a curious fact, that of this form of jaundice, cases have occurred in which the flow of bile into the digestive tube has been obstructed for more than a year, and yet a recovery took place.

Permit me now to rehearse the diagnosis of jaundice from biliary calculi. Sudden and violent pain in the region of the gall-ducts, increased by pressure, but generally unaccompanied by acceleration of pulse or fever, coming on in a person not subject to spasmodic attacks, and speedily followed by jaundice. This is the diagnosis. In most of the cases described in books, and, I believe, in the majority of instances, you will find the disease to exist without febrile symptoms; but it is also true that it may be complicated with febrile disturbance, and under such circumstances you should be apprehensive of inflammation in the biliary ducts or duodenum. The importance of this will appear when you come to consider the treatment.—*Ibid.*

12. *Spasmodic Jaundice.* By WILLIAM STOKES, M. D.—This form of the disease occurs independent of inflammation of the stomach or duodenum, and independent of disease of the ileum, brain, or liver. It appears to be an essentially spasmodic disease, but the situation of the spasm has not as yet been accurately determined. It is supposed to exist either in the gall-bladder, or in the biliary ducts, or in the duodenum. If the biliary ducts and gall-bladder do not possess muscular fibres, we must place it in the duodenum; but whatever may be its seat, it presents the characters of a spasmodic disease. It seems to be excited by the same cause, and yields to the same treatment as other spasmodic affections. It generally occurs in hysterical females, and in hypochondriac and nervous persons, and disappears under treatment calculated to allay nervous excitement. Its exciting causes seem to be chiefly sudden and violent mental emotions, or the taking of a quantity of indigestible food; and it frequently terminates by the discharge of flatus upwards and downwards. It resembles, in a certain extent, the last mentioned form of jaundice, but differs in two particulars; first, the pain is relieved by pressure, which generally increases it in the former species. Dr. Pemberton, in his *Treatise on the Diseases of the Abdominal Viscera*, dwells strongly on this point. The second peculiarity is, that in this disease the attack is more sudden. In the case of jaundice from gall-stones, the patient has some degree of pain and uneasiness before the violent symptoms appear; but in this form they exhibit themselves in a sudden and unexpected manner. The disease too is accompanied with hysterical or convul-

sive symptoms, and there is sometimes a copious flow of limpid urine. All these circumstances are important in forming a correct diagnosis.

The best treatment for this spasmodic jaundice is, after acting on the bowels by warm purgatives, to use fetid enemata, and prescribe a mixture composed of ether, castor, and ammoniated tincture of valerian and opium, which are of the greatest use when the bowels have been opened. In this form, as well as that which we have been lately considering, the fact is, that if you expect any good from opium, you must not give it until the bowels have been opened. Opium and antispasmodics have, I am convinced, often lost their character for utility, from being given at a time when the exciting causes of disease are still present in full energy; and the failure of these powerful auxiliaries is to be attributed to the neglect of proper measures for reducing intense irritation. In the spasmodic jaundice, tobacco injections would be likely to produce beneficial effects. Generally speaking, however, you will not find it necessary to have recourse to such a vigorous remedy, as the disease is most commonly observed in delicate females, and yields readily to milder treatment. Indeed, it will often disappear spontaneously, and without any apparent cause.—*Ibid.*

13. *On the Discharge of Fatty Matters from the Bowels.* By WILLIAM STOKES, M.D.—In the last volume of the Medico-Chirurgical Transactions, a great mass of interesting matter has been published on this subject by Dr. Bright, Dr. Elliotson, and Mr. Lloyd. I shall give you a short analysis of these papers; and I wish to impress this upon your recollection, that when you go into practice, the study of this affection would form a subject worthy of your investigation; and that any attempt on your part to clear up the difficulties which complicate this singular form of disease will be advantageous to the cause of science.

Dr. Bright gives three interesting cases of this disease. In these the discharge was in the form of oil or semi-concrete matter,—it floated on the top of the feces, and had a fetid odour. There was also in these three cases a remarkable similarity in the pathological phenomena. The first case exhibited symptoms of jaundice, diabetes, enlarged liver, and discharge of fatty matter: on dissection the liver, pancreas, and duodenum were found diseased. The second presented symptoms of jaundice and disease of the liver, in addition to the fatty discharge: on dissection the liver was found healthy, but there was a similarly diseased condition of the duodenum and pancreas; there was malignant disease in both. Nearly the same symptoms were observed in the third case, and after death, disease was found in the pancreas, small intestine, and the pylorus was in a state of extensive ulceration. In all there was chronic disease of the pancreas and duodenum terminating in jaundice, from obstruction of the gall duct, and accompanied by discharge of fatty matter from the bowels. Here are three cases, in which there is an extraordinary similarity in the symptoms and pathological appearances. Dr. Bright is inclined to think that these discharges may be connected with disease of the pylorus and duodenum, but particularly with malignant affections of the pancreas, and gives the particulars of some cases in which disease of the pancreas was suspected, and in which, from the absence of this symptom, he was induced to give a contrary opinion, which, on dissection, turned out to be correct.

Mr. Lloyd's case resembles those detailed by Dr. Bright, inasmuch as it presented the phenomena of jaundice with obstruction of the gall ducts, disease of the head of the pancreas, and contraction of the duodenum. So that you see we have here four cases in which there was disease of the duodenum and disease of the pancreas, together with the occurrence of jaundice. I may, however, mention one fact, which you should be acquainted with; in Mr. Lloyd's case the pancreatic duct was found to be obstructed by calculi.

Dr. Elliotson commences his paper by alluding to that peculiar substance called ambergris, which is frequently washed ashore by the tide in several countries, and which is supposed to be a morbid production from the intestinal canal of the *Physeter Macrocephalus*, or spermaceti whale. The quantity found